

MSME19062826 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 14/05/2019 17:30  
 SUBMITTED BY: Chia Pei Ying

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	14/05/2019 17:30
Date Of Accident	14/05/2019 08:40
Exact Location Of Accident	WEST COAST HIGHWAY TWDS ALEXANDRA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ5255B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG SOON BOON
NRIC No	S7725621J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96369044
Alternative Phone No	OFFICE-96369044

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA312886
Cover Note Number	

### Driver

Name of Driver	ONG SOON BOON
NRIC No	S7725621J
Date Of Birth	10/09/1977
Occupation	INDOOR
Date Of Driving Pass	24/11/1997
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96369044
Fax Number	
Contact Number	OFFICE-96369044
EMail Address	NOEMAIL

Address	BLK 804 TAMPINES AVE 4 #06-51
Postcode	520804
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : JESS GUO GENDER: : FEMALE
Passenger 2	NAME: : CHRISTY LAI GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

I WAS TRAVELLING ALONG WEST COAST HIGHWAY ON THE EXTREME LEFT LANE TOWARDS THE EXIT OF ALEXANDRA ROAD. JUST AS I SLOWED DOWN TO JOIN THE QUEUE TO EXIT, I FELT AN IMPACT. VEHICLE B HIT ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES.

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP9511C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

JESS GUO

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGQ5255B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

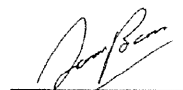
## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

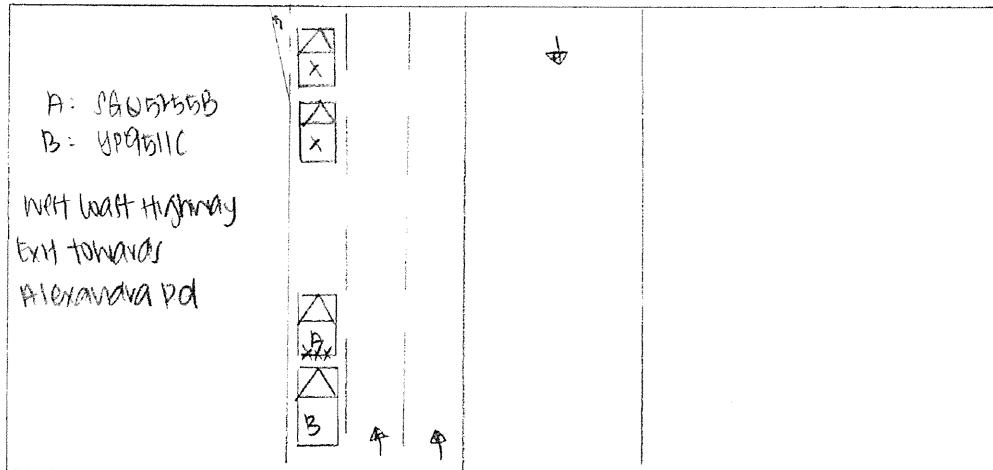


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Wett Coast Highway on the extreme left lane towards the exit of Alexandra Road.

Just as I slowed down to join the queue to exit, I felt an impact. Vehicle B hit on the rear portion of my vehicle and caused damages.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan #3 Pg. 1


LETTER OF UNDERTAKING

I/We, ONG SOON HOON, the owner of vehicle no. SGQ5155B

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, NEW HOCK TECK MOTOR PTE LTD.

Signed and Acknowledge by:

  
Nric no. & signature of policyholder

Company stamp

14/05/2019  
Date